



Incident Report

Print Date/Time: 04/07/2016 15:27
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00006076

Incident Date/Time: 3/31/2016 11:18:00 AM
Location: SR 204 / 91ST AVE NE
LAKE STEVENS WA 98258
Phone Number: (206) 909-0243
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D4	SS0138-Fiske

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	NAGEL, LINDSY					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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03/31/2016 : 11:20:21 SP0422 Narrative: LR 422

03/31/2016 : 11:19:33 SP0422 Narrative: CC, JO, NON INJURY, BLKCING BUS LANE, 2 VEH, SIL FORD VS GRY HONDA CIV

16-00006076, 033116 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E531860**

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

TRIBAL RESERVATIONCASE # **2016-00006076**LOCAL AGENCY CODING **0311900**TOTAL # OF UNITS **02** OBJECT STRUCK

DATE OF COLLISION	03	31	2016	TIME (2400)	1119	COUNTY #	31	MILES	N	E	IN	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐
SR204 BLOCK NO. ☒ MILE POSTDISTANCE OF (REFERENCE OR CROSS STREET)
MILES ☐ N ☐ E ☐ S ☐ W **91ST AVE NE**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: **3608307566**LAST NAME **CHESNEY** FIRST NAME **ASHLEY** MIDDLE INITIAL **K**STREET NEW ADDRESS **14108 NE 39TH ST**CITY **VANCOUVER** ST **WA** ZIP **986826960**CDL RESTRICTIONS **B** ENDORSEMENTSDRIVER'S LICENSE # **CHESNAK047KJ** STATE **WA** SEX **F** D.O.B. **05** **11** **1996**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **AIC7999** STATE **WA** VIN# **1FAHP3J24CL478155**TRAILER PLATE # STATE TRAILER PLATE # STATEVEH. YEAR **2012** MAKE **FORD** MODEL **FOCUS** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **MARIO ORTIZ 8312 5TH ST SE LAKE STEVENS WA 98258**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PROGRESSIVE 900608491**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: **2069090243**LAST NAME **NAGEL** FIRST NAME **LINDSAY** MIDDLE INITIAL **L**STREET NEW ADDRESS **112 97TH AVE SE UNIT B**CITY **LAKE STEVENS** ST **WA** ZIP **982587914**CDL RESTRICTIONS ENDORSEMENTSDRIVER'S LICENSE # **NAGELLL195CJ** STATE **WA** SEX **F** D.O.B. **02** **11** **1981**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **AYK5354** STATE **WA** VIN# **2HGFC2F78GH502814**TRAILER PLATE # STATE TRAILER PLATE # STATEVEH. YEAR **2016** MAKE **HOND** MODEL **CIVIC** STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **LINDSAY NAGEL 112 97TH AVE SE LAKE STEVENS WA 98258**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **AUSTIN MUTUAL 01PA485949500**VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **B. FISKE #0138** BADGE OR ID # **0138** AGENCY **WA0311900**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E531860**CASE # **2016-00006076**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

V2 was stopped at the red traffic signal in the westbound right lane of SR204. V1 was traveling westbound on SR204 in the right lane and struck V2 in the rear. Driver of V1 said she was just not paying attention and didn't realized V2 was stopped. Neither driver's reported any injuries and the vehicles did not need to be towed.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

B. FISKE #0138
04-05-16 09:56 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

4/7/2016 4:16:58 AM

BADGE OR ID #

0138

ORI #

WA0311900

TIME POLICE DISPATCHED

11:20 AM

TIME POLICE ARRIVED

11:22 AM

REPORT NO. E531860

CASE # 2016-00006076

DATE AND TIME
OF COLLISION 03/31/16 11:19

